SEP 2 9 1999



Federal Direct Consolidation Loan Application and Promissory Note

OMB No. 1840-0693 Form Approved Exp. Date 1/31/2002

write in new information, put your initials b	eside the change.				
Last Name First Name	me Middle Initial	2. Social Sec	curity Number		
Slampak Fai	th D.			- 7207	
3. Permanent Street Address (if P.O. box, see instru	ctions)	Home Area Code/Telephone Number			
202 Aber Drive		(412) 466-2754			
City State Zip Code			er (Optional)	6. E-Mail Address (Optional)	
Jetters UYI Hills PA 15025 7. Former Name(s) 8. Date of Birth					
7. Former Name(s)	9. Driver's License Number (put state abbreviation first) (
U akourc	3/29/59	LI PA /			
10. Employer's Name	11. Employer's Address				
12. Employer's Area Code/Telephone Number	cin 2200 Murray A	UCNU C State			
		State		Zip Code	
(9) 2) 521-2732 13. If you are married, does your spouse have an el	igible loan(s) (see instructions) that you want to	nonsolidate with		<u> </u>	
If yes, complete Section C, include your spouse	's loan(s) in Section D, and have your spouse sig	on and date Item	n 32 in Section F.	ואל מאו	
14. References: Enter the requested infor least three years. References may not	mation for two relatives or acquaintance live outside the United States.	es who do no	ot live with you and v	who have known you for at	
					
Name 1. Nancy		2. <u>F</u>	rank Slu	uripak	
	Dlakouc 1-Mck Bind		rank Sla 52 Frisch	~ '	
	1-Mck Bind	<u>505</u>	_	Down	
Permanent Address 208 Pc	oury, Ph 15025	505 Ditt	5) Frisch	Dewz A 15227	
Permanent Address 208 Pcyl City, State, Zip Code Dravosk	1-Mck. Bind ourg, Ph 15025 41aic-15!1	50s Ditt (4/2	5) Frisch Sburgh f	Danz A 15227	
Permanent Address 708 Pcyl City, State, Zip Code Dy (av () Sk Area Code/Telephone Number (1/3)	1-Mck. Bind ourg, Ph 15025 41aic-15!1	505 Ditt	5) Frisch Sburgh f	Danz A 15227	
Permanent Address City, State, Zip Code Area Code/Telephone Number (1/3) 15. Last Name First Name	1-Mck Bind ourg, Ph 15025 -41016-1511	50s Ditt (4/2	5) Fresch Swurgh I 16. Social Security Num	D(10-2)A 15227 08 nber	
Permanent Address City, State, Zip Code Area Code/Telephone Number (1/3) 15. Last Name First Name	1-Mck. Bind ourg, Ph 15025 41aic-15!1	50s Ditt (4/2	5) Frisch Sburgh f	D(10-2)A 15227 OE nber nal)	
Permanent Address 708 PC/V City, State, Zip Code DY (AV OS) Area Code/Telephone Number (1/ 2) 15. Last Name First Name 17. Date of Birth 18. Driver	a-Mck B: 4d ours, PA 15025 4(a/c-15!) e 's License Number (put state abbreviation first)	50s Ditt (4/2	16. Social Security Number (Option	D(10-2)A 15227 OE nber —	
Permanent Address 708 Pcp City, State, Zip Code Area Code/Telephone Number (1/2) 15. Last Name First Name 17. Date of Birth 18. Driver	a-Mck B: 4d ours, PA 15025 4(a/c-15!) e 's License Number (put state abbreviation first)	50s Ditt (4/2	16. Social Security Number (Option	D(10-2)A 15227 OE nber —	
Permanent Address 708 Pcp City, State, Zip Code Area Code/Telephone Number (1/2) 15. Last Name First Name 17. Date of Birth 18. Driver	a-Mck B: 4d ours, PA 15025 4(a/c-15!) e 's License Number (put state abbreviation first)	50s Ditt (4/2	16. Social Security Number (Option	D(10-2)A 15227 OE nber —	
Permanent Address City, State, Zip Code Area Code/Telephone Number (1/2) 15. Last Name First Name 17. Date of Birth 18. Driver (20. Former Name(s)	a-Mck B: ud ourg, Ph 15025 - 4 Laic - 15:1 e 's License Number (put state abbreviation first)	50s Ditt (4/2	16. Social Security Number (Option	D(10-2)A 15227 OE nber —	
Permanent Address City, State, Zip Code Area Code/Telephone Number (1/2) 15. Last Name First Name 17. Date of Birth 18. Driver (20. Former Name(s)	a-Mck B: ud Ourg Ph 15025 - 4 Lair - 15:1 e 's License Number (put state abbreviation first) 23. Employer's Address	50s Ditt (4/2	16. Social Security Num 19. Fax Number (Option () 21. E-Mail Address (Option	D(10-2)A 15227 OE nber —	

Faith D. Slampar Borrower's Name___ -7207 Borrower's Social Security Number_ 25. Loan Holder/Servicer's Name. 26. Loan 27. B=Borrower 28. Account Number 29. Current 30. To Be Address, and Area Code/Telephone Type S=Spouse Balance Consolidated? Number J=Joint Yes Graduate Loan Center 4,413.61 BEL B 7207 6tudent Comservicing Center A B 7207 1324 48 N F B 1300 7207 N F B 7157 900 N SLSC P.O. Bix 2461 359.34 1 3 7207 N Harristary Pir, 17105-2461 (800) 233-0557 Direct Louis US Dept. of Education 13 11,935 7200 A (800) 948-0979

	SEP 2 9 1999					
Borrower's Name Faith D. Slampais						
Borrower's Social Security Number	<u> </u>					
Carefully read the repayment plan information in "Direct Consolidation understand your repayment plan options. Then, complete this section						
All student loans must be repaid under the same repayment plan. Particle (1) and (2) are the same repayment plan. Particle (1) and (2) are the same repayment plan. Particle (1) and (2) are the same repayment plan.						
ment Plan Consent to Disclosure of Tax Information" forms that acc processed without these forms.	mplete the "Repayment Plan Selection" and "Income Contingent Repay company this application and promissory note. Your selection cannot be					
 If you want to consolidate a defaulted student loan(s) and you current holder(s), you must select the Income Contingent Rep. 						
31. Place an "X" in the box that corresponds to your repayment plan selection repaid under the Income Contingent Repayment Plan.	n for each loan type. Note that Direct PLUS Consolidation Loans cannot be					
· · · · · · · · · · · · · · · · · · ·	Income Contingent Standard Extended Graduated					
STUDENT LOANS Direct Subsidized and Unsubsidized Consolidation	on Loans X					
PARENT LOANS Direct PLUS Consolidation Loans	Not Available					
Promise to Pay: I promise to pay to the U.S. Department of Education (ED) all sums (hereafter "loan" or "loans") disbursed under the terms of this Promissory Note (note) to discharge my prior loan obligations, plus interest, and other fees that may become due as provided in this note. If I fail to make payments on this note when due, I will also pay collection costs including but not limited to attorney's fees and court costs. If ED accepts my application, I understand that ED will on my behalf send funds to the holder(s) of the loan(s). I further understand that the amount of this loan will equal the sum of the amount(s) that the holder(s) of the loan(s) verified as the payoff balance(s) on that loan(s) selected for consolidation. My signature on this note will serve as my authorization to pay off the balance(s) of the loan(s) selected for consolidation as provided by the holder(s) of such loan(s). This amount may be more or less than the estimated total balance have indicated in Section D. Further, I understand that if any collection costs are owed on the loans selected for consolidation loan. I understand that this is a Promissory Note. I will not sign this note before reading it, including the text on the reverse side, and the accompany Borrower's Rights and Responsibiliti. My signature certifies that I have read, understand, and agree, to terms and conditions of this note, including the Borrower's Rights and Responsibiliti. My signature certifies that I have read, understand, and agree, to terms and conditions of this note, including the Borrower's Rights and Responsibiliti. My signature certifies that I have read, understand the theoreoficities and Authorization or the reverse side and the accompany Borrower's Rights and Responsibilities. If or signature certifies that I have read, understand the screens and conditions on the reverse side and the accompany Borrower's Rights and Responsibilities. If or signature certifies that I have read, understand the accompany Borrower's Rights and Responsibilities.						
32. Signature of Borrower Taut D. S	Date9/38/95					
Signature of Spouse (if consolidating jointly)	Date					

Promissory Note (continued)

Governing Law and Notices

This Promissory Note mote) applies to Federat Direct Consolidation Loans (Direct Consolidation Loans). In this note, the Higher Education Act of 1965, as amended, 20 U.S.C. 1070 at seq., and applicable U.S. Department of Education (ED) regulations are referred to as "the Act." The terms of this note will be interpreted according to the Act and other applicable federal statutes and regulations. Applicable state law, except as preempted by federal law, may provide for certain borrower rights, remedies, and defenses in addition to those stated in this note.

Disclosure of Terms

When the loan(s) that I am consolidating is paid off, I will be sent a Disclosure Statement and Repayment Schedule (disclosure). The disclosure will identify my Direct Consolidation Loan amount and additional terms of my loan. If I have questions about the information disclosed, I will contact ED. If the information in this note conflicts with the information in the disclosure, the disclosure will be controlling.

Important additional terms of this loan are disclosed in the statement of Borrower's Rights and Responsibilities accompanying this note.

Lunderstand that my Direct Consolidation Loan may consist of up to three separate loan identification numbers depending on the loan(s) I choose to consolidate. These loan identification numbers will represent prior subsidized loans, prior unsubsidized loans, and prior parent PLUS loans. The Borrower's Rights and Responsibilities identifies which eligible loans are included in each of these categories. Each applicable loan identification number is represented by this note.

Interest

Except for interest E() does not charge me during an in-school, grace, or determent period, I agree to pay interest on the principal amount of my Direct Consolidation Loan from the date of disbursement until the loan is paid in full or discharged. ED may add interest that accrues but is not paid when due to the unpaid principal balance of this loan, as provided under the Act. This is called capitalization.

Interest will be calculated according to the applicable formulas provided for by the Act.

The interest rate on my Direct Consolidation Loan will be based on the weighted average of the interest rates on the loans being consolidated, rounded to the nearest higher one-eighth of one percent, but shall no: exceed 8.25%. This is a fixed interest rate, which means that the rate will remain the same throughout the life of the loan.

Late Charges and Collection Costs

It I fail to make any part of an installment payment within 30 days after it becomes due, ED may collect from me a late charge that will not exceed six cents for each dollar of each late installment. If I default on the loan, I will pay reasonable collection fees and costs, plus court costs and attorney's fees associated with collection of the debt.

Grace Period

My Direct Consolidation Loan will receive a grace period if t meet all of the following conditions:

(1) I have at least one William D. Ford Federal Direct Loan (Direct Loan) Program loan or attend a Direct Loan school, (2) at least one Direct Loan or Federal Family Education Loan (FFEL) Program loan that I am consolidating is in an in-school period, and (3) my application for a Direct Consolidation Loan is received by ED prior to the end of my in-school period. A six-month grace period begins the day after I cease to be enrolled at least hat time at an eligible school. (If my enrollment status changes to less than half time after I apply but before the first disbursement of my Direct Consolidation Loan, I will not have to make payments on my Direct Consolidation Loan for the number of months remaining in my grace period at the time the first disbursement is made.)

Repayment

Unless my Direct Consolidation Loan is in an in-school or grace period when it is disbursed, to must select a repayment plan. If I do not select a repayment plan, ED will choose a plan for me in accordance with ED's regulations. My first payment will be due within 60 days of the first disbursement of my Direct Consolidation Loan unless it is in an in-school, grace, or deferment period. A repayment schedule will be turnished to me and will establish repayment terms, including my payr ent amount and the length of my repayment period. Payments will be scheduled in monthly installments. The amount of my monthly payment may be adjusted to reflect changes in the variable interest rate. ED may adjust my repayment schedule if ED learns that any of the loans listed herein is not eligible to be consolidated. My repayment period will be up to 30 years in length, depending on the amount of my student loan indebtedness and my repayment plan. Any period for which ED has granted a determent or forbearance will not be included in determining my repayment period.

I may prepay all or any part of the unpaid balance on my loan at any time without penalty. I agree to accept written notification of such pay off in lieu of receiving the original note.

Acceleration and Default

At the option of ED, the entire unpaid balance shall become immediately due and payable when either of the following events occurs: (i) I make false representation that results in my receiving a loan for which I am not eligible, or (ii) I default on the loan.

The following events shall constitute a default on a loan: (i) I fail to pay the entire unpaid balance after ED has exercised its option under the preceding paragraph, or (ii) I fail to make installment payments when due, or lail to comply with other terms of the loan, and ED reasonably concludes I no longer intend to honor my repayment obligation. My failure must have persisted for at least 270 days. If I default, ED will capitalize all outstanding interest into a new principal balance.

If I default, this will be reported to national credit bureau organizations and will significantly and adversely affect my credit rating, t acknowledge that a default shall have additional adverse consequences to me as disclosed in the Borrower's Rights and Responsibilities.

Following default, the loan may at ED's option, be subject to income contingent repayment in accordance with the Act.

Any notice required to be given to me will be effective when mailed by first class mail to the latest address that ED has for me. I will immediately notify ED of any change of my address. Failure by ED to enforce or insist on compliance with any term on this note shall not waive any right of ED. No provision of this note may be changed or waived except in writing by ED. If any provision of this note is determined to be unenforceable, the remaining provisions shall remain in force.

Borrower Certification and Authorization

I declare under penalty of perjury that the following is true and correct:

- I cartify that the information provided by me and my spouse, if applicable, in this note is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
- (2) I certify that I do not now owe a refund on a Federal Pell Grant, Basic Educational Opportunity Grant, Federal Supplemental Educational Opportunity Grant, or a State Student Incentive Grant, or if I owe a refund, I have made satisfactory arrangements with the holder to repay the amount owed. I further certify that I am not now in default on any loan I am consolidating or, if I am in default. I have either made a satisfactory repayment arrangement with the holder of that defaulted loan, or I will repay under the income contingent repayment plan. I understand that income contingent repayment is not available for the parent PLUS loan portion of my Direct Consolidation Loan.
- (3) I certify that all of the loans selected have been used to finance my education, my spouse's education, or my child's education.
- (4) I certify that I do not have any other application pending for a Federal Consolidation Loan with any other lender. It my student loans are in a grace or repayment period and if none of the loans I am consolidating is a Direct Loan Program loan. I further certify that I have sought and been unable to obtain a Federal Consolidation Loan from a FFEL Program lender, or a lender would not provide me with a Federal Consolidation Loan with income-sensitive repayment terms acceptable to me. If I have parent PLUS loans and none of the loans I am consolidating is a Direct Loan Program loan, I further certify that I have sought and been unable to obtain a Federal Consolidation Loan from a FFEL Program lender It, however, I am consolidating jointly with my spouse, only one borrower, my spouse or I, must have sought a Federal Consolidation Loan from a FFEL Program lender.
- (5) I understand that this loan shall, to the extent used to discharge loans that I have selected, count against the applicable aggregate loan limits under the Act.
- (6) It understand that the amount of my Direct Consolidation Loan is the sum of the balance(s) of my outstanding eligible loan(s) that I have chosen to consolidate. My outstanding balance on each loan to be consolidated includes unpaid principal, unpaid accrued interest, and late charges as defined by lederal regulations and as certified by each holder. Collection costs may also be included. For a Direct Loan or FFEL Program loan that is in default. ED limits collection costs that may be charged to the borrower to no more than those currently authorized under the FFEL Program and may impose reasonable limits on collection costs paid to the holder. If the amount ED advances to my holder(s) exceeds the amount needed to pay off the balance(s) of the selected loan(s). I understand that the holder will refund the excess to ED for application against the outstanding balance of this loan. If the amount that ED advances to my holder(s) is less than the amount needed to pay off the balance(s) of the loan(s) selected for consolidation, ED will include the remaining amount in this loan unless I pay the remaining balance myself.
- (7) Lauthorize ED to contact the holder(s) identified on my application to determine the eligibility and/or payoff amount for the loan(s) Lhave identified. I further authorize release to ED or its agent any information required to consolidate my education loan(s) pursuant to the Act.
- (8) I authorize ED to issue the proceeds of my Direct Consolidation Loan to the holder(s) of the loan(s) so selected to discharge the debt.
- (9) Lauthorize ED to investigate my credit record and report information concerning my loan status to proper persons and organizations authorized to receive this information.
- (10) I authorize the release of information pertinent to this loan: (i) by my school(s) and ED, to members of my immediate family unless I submit written direction otherwise; and (ii) by and amongst my school(s), ED, and their agents.
- (11) I authorize my school(s), ED, and their agents, to verify my social security number with the Social Security Administration (SSA) and, if the number on my loan record is incorrect, then I authorize SSA to disclose my correct social security number to these parties

SEP 2 9 1999



Direct Federal Direct Consolidation Loan Additional Loan Listing Sheet

OMB No. 1840-0693 Form Approved Exp. Date 1/31/2002

Borrower's Name Fath S Borrower's Social Security Number		<u>)}}</u>	2			2 0 0 0 0		
Use this form only if you need additional space to list loans in Section D. Refer to the instructions for Items 25-30 when completing this form. Be sure to attach this form to your application and promissory note when you submit it.								
25. Loan Holder/Servicer's Name, Address, and Area Code/Telephone Number	26. Loan Type	27. B=Borrower S=Spouse J=Joint	28. Account Number	29. Current Balance	30. To Be Consol Yes	olidated? No		
EFS Services, Inc P.O. Box 2304	A	B	7307	*35,425.45				
(800) 635-1267					7			
EFS Services, Inc								
P.O. Box 2304 Indianapous, In 46200-2304	6	B	7207	#14,421.37	/ /			
(800) 635-1867								
GFS Services, Inc	1	$\overline{}$		*		İ		
P.O. Box 2304	A	R	1201	6,95654	1 x			
(800) 435-1867								
Gradiatrican Center			7,307	5,76271				
P.O. Box 8155 Harrisburg PH 17105-8155 (800) 446-8210		R	/メイU /	5, 19411	Y			
Graduate Loan Center								
Hamishurgha 17105-8155 (800) 446-8210	H	B	7307	10,43 E.04	Y			